Informed Consent

Breast Reduction

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INSTRUCTIONS

This document is about informed consent. It will tell you about reduction mammaplasty surgery (breast reduction), its risks, and other treatment options.

It is important that you read this whole document carefully. Please initial each page. Doing so means you have read the page. Signing the consent agreement means that you agree to the surgery that you have talked about with your plastic surgeon.

GENERAL INFORMATION

Women who have large breasts are likely to have health problems. The weight and size of their breasts can make their back, neck, and shoulders hurt. Their skin can get irritated. Breast reduction is usually done to remove these symptoms rather than make the breasts look better. This surgery can also reduce the areola, that is, the dark skin around the nipple. Breast reduction works best for healthy, emotionally stable women who are realistic about what the surgery can do. Surgeons have many ways to reduce and reshape women's breasts. Breast reduction leaves permanent scars that you can see on your breasts. There are risks and complications of reduction mammaplasty surgery.

OTHER TREATMENTS

Surgery is not the only option. Other treatment options include not going in for surgery, opting for physical therapy to relieve the pain, and wearing undergarments made to support large breasts. Some patients may also get liposuction done to reduce the size of their breasts. All treatments have their risks and possible problems.

RISKS OF REDUCTION MAMMAPLASTY SURGERY

Every surgery has risks. It is important that you understand the risks and what can result from them. Every procedure has its limits. Choosing to have surgery means comparing the risks and benefits. Most patients do not have these problems, but you should talk about them with your plastic surgeon. Make sure you understand all possible outcomes of the reduction mammaplasty surgery.

SPECIFIC RISKS OF REDUCTION MAMMAPLASTY SURGERY

Asymmetry:

Most women's left and right breasts do not look the same. Differences in breast and nipple shape, size, or symmetry may occur after surgery. You may need another surgery to fix the asymmetry. Surgery may not totally fix the asymmetry. There is a possibility that insurance may not cover symmetry.

Change in Nipple and Skin Sensation:

You may feel less or no sensitivity in the nipple and breast after surgery. In some cases, you may be much more sensitive. Partial or permanent loss of nipple and skin feeling can occur after a mastopexy in one or both nipples. A nipple graft removes the nipple and replaces it as a skin graft. You will lose sensation in the grafted nipple. Changes in sensation may affect your sex life or your ability to breastfeed a baby.

Breastfeeding:

A woman may have a breast reduction with a nipple graft. That means the nipple is removed and replaced with a skin graft. That means she can probably no longer breastfeed. Pedicle surgery and liposuction may spare the breast ducts. In such a case, it may be possible to breastfeed after the breast reduction. You may not be able to make enough milk to nurse a baby even with these techniques.

Unsatisfactory Results:

You can expect good results. However, there is no guarantee or warranty for the outcomes. You may be

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unhappy with the results of the reduction mammaplasty surgery. Your nipples may be uneven. Your breast may be an unexpected shape and size. The nipples or breasts may not work like they are supposed to. Your wound may open and not heal well. You may lose sensation after the surgery. Healing may result in losing a nipple, which would require more surgery to reconstruct it. There is no way to predict the final breast size (bra cup size) after surgery. Your breasts may be smaller, but the bra cup size may not change. You may have unwanted scars or visible deformities at the ends of the cuts (dog ears). You may need liposuction to thin the breast tissue that is outside of where the surgeon usually does the reduction mammaplasty. You may need another surgery to try to improve your results. You will not be able to breastfeed if your surgeon uses certain methods. Having more surgeries may NOT fix unwanted results.

Breast Disease:

You can get breast disease and breast cancer without having reduction mammaplasty surgery. People who have had breast cancer or whose family members have had breast cancer may be at a higher risk of developing breast cancer. All women should regularly do a self-examination of their breasts. You should also get routine mammograms, according to American Cancer Society guidelines. You should see a doctor if you think you have found a lump. If a lump is found before or during breast surgery, you may need more tests and treatment, which will come with their own costs.

Wound Healing Issues:

Even when the surgery goes well, the areas where the surgeon made the cuts may not heal correctly. This may lead to scarring, asymmetry, and unwanted results. You may need more surgery. The skin, nipple, or the fat inside the breast may die (called skin, nipple, or fat necrosis). This may lead to a result you do not want, and you may require more surgery. If fat inside the breast dies, it can leave a hard lump in the breast. You and your surgeon may opt to remove the hard lump. Having another surgery may not restore your breast to “normal.”

Nipple and Areolar Necrosis:

It is very rare, but the areola (around the nipple) and the nipple can have poor blood flow after surgery. This can result in the death of the tissue. That will leave a wound and make healing slow. The nipple and areola can be reconstructed if needed.

Long Term Results:

Doctors cannot predict how pregnancy, weight change, and aging will affect the results of a breast reduction. If you are planning on losing a lot of weight or getting pregnant soon, you can put off the breast reduction surgery to avoid possible unwanted effects and results.

DISCLAIMER

Informed consent documents give you information about a surgery you are considering. These documents explain the risks of that surgery. They also discuss other treatment options, including not having surgery. However, informed consent documents can’t cover everything. Your plastic surgeon may give you more or different information. This may be based on the facts of your case.

Informed consent documents are not meant to define or serve as the standard of medical care. Standards of medical care are determined based on the facts involved in an individual case. They may change with advances in science and technology. They can also change with the way doctors practice medicine.

It is important that you read the above information carefully and get all your questions answered before signing the consent agreement on the next page.

 _____ **Patient Initials**

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CONSENT FOR PROCEDURE OR TREATMENT

1. I permit Dr. Thomas Jeneby MD and the doctor's assistants to do the procedure **Breast Reduction.**
2. I got the information sheet on Breast Reduction.
3. I understand that, during the surgery, an unexpected situation may require a different medical procedure than the surgery listed above. I permit the doctor listed above, the assistants and/or designees to do any treatment that my doctor thinks it is needed or helpful. My permission includes all treatments that my doctor does not plan to do at the start of the surgery.
4. I understand what my surgeon can and cannot do. I understand that no warranties or guarantees have been hinted at or stated outright about the outcome of the surgery. I have explained my goals. I understand which outcomes are realistic and which are not realistic. All my questions have been answered. I understand the surgery's built-in risks. I am aware of other risks and possible issues, benefits, and options. I understand and choose to have the surgery.
5. I agree to the anesthetics that are needed or helpful. I understand that all types of anesthesia have risks and may result in complications, injury, and sometimes death.
6. I am aware of the serious risks to my health when blood products are used. I agree to my doctor using them if my doctor, assistants, and/or designees think they are needed or helpful.
7. I agree to the disposal of any tissue, medical devices, or body parts taken out during or after the planned surgery or any other operation that is needed or helpful.
8. I agree to have the right parts of my body photographed or televised before, during, and after the surgery for medical, scientific, or educational reasons, if the pictures do not reveal my identity.
9. For medical education, I agree that onlookers can be in the operating room.
10. I permit my Social Security Number to be given to the right agencies for legal reasons and medical device registration, when necessary.
11. I agree to the charges for this surgery. I understand that the doctor's charges are separate from the charges for the hospital and the anesthesia. I understand that there may be more charges if more procedures or treatments are needed or helpful. I agree to the charges, if any.
12. I understand that not having the surgery is an option and that I can opt-out of having the surgery.
13. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
    a. THE ABOVE SURGERY TO BE PERFORMED
    b. THERE MAY BE OTHER SURGERIES OR TREATMENT OPTIONS
    c. THERE ARE RISKS TO THE SURGERY

I CONSENT TO THE SURGERY AND THE ITEMS LISTED ABOVE (1-13).
I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS.

_____

Patient or Person Authorized to Sign for Patient Date/Time

_____

Witness Date/Time

_____ Patient Initials

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